Entered – 9-04-01- sb CL – 01L0546 - ALEXIS HOLMES

01-R -1762

CLAIM OF: GLORIA LINSEY

2424 Connally Drive Atlanta, Georgia 30344

For vehicular damages alleged to have been sustained as a result of City workers causing paint to spill on June 27, 2001 at 1527 Willowbrook Drive, SW.

THIS ADVERSE REPORT IS APPROVED

BY:

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 01L0546	Date:10/15/01
Claimant /Victim_GLORIA LINSEY	
BY: (Atty)	
Address: 2424 Connally Drive Fa	ast Point Georgia 30344
Subrogation: Claim for Property d	lamage \$ 1,609.97 Bodily Injury \$  Method: Written, proper X Improper X Ante Litem (6 Mo.) X
Date of Notice: <u>8/8/01</u> M	Iethod: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence 0/2//01	Place: 157/ Willowbrook Drive SW/
Department <u>Public Works</u>	Division: Solid Waste
Employee involved	Disciplinary Action:
NATURE OF CLAIM: The claimant allege	s that she sustained vehicular damages when she drove her vehicle through
paint that City workers caused to spill out of	f a can onto the ground. However, in an investigation it was determined
that City workers saw the five gallon can of	f paint at the location but did not removed it because paint is considered
hazardous waste material. Furthermore, the	City is immune from liability as set forth in O.C.G.A. §36-33-1.
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INVESTIGATION:	
Statements: City employee Claim	ment V Other William V O 1
Pictures X Diagrams Dan	mant X Other Written X Oral
Traffic citations issued: City Driver	oorts: Police Dept Report X Other X Claimant Driver
Citation disposition: City Driver	Claimant Driver Claimant Driver
endion disposition. City Direct	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental X	Months Other Damages reasonable
Improper Notice More than Six I	Months Other Damages reasonable
City not involved X	Offer rejected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forcesligent Joint Claim Abandoned
Claimant Negligent City Negl	igentJoint Claim Abandoned
	Respectfully submitted,
	Respectfully sublifitied,
	$\wedge$
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	allertone
	INVESTIGATOR - ALEXIS HOLMES
RECOMMENDATION:	
Pay \$ Adverse X	Account charged: 1A01 2J01 2H01
Claims Manager:	[MSoncur/date /0/60]
Committee Action:	Council Action
FORM 23-61	

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COUNCIL OF THE CITY OF ATLAN RECEIVED RE: CLAIM FOR DAMAGES (CLERK OF COUNCIL City Hall 68 Mitchell Street, S.W. AUG 08 2001
Atlanta, GA 30335  AUG 08 2001  TODAY'S DATE: 07-09-0/
Dear Sir: MUNICIPAL CLERK ENTERED - 9-4-01 - SB
This is to notify the City of Atlanta that I have suffered damages i contend the City is liable.
1. Date of incident: 06 27 0/ 2. Police called
(month day year)  3. Location of incident: 1527 Willowbrook DR, S.W. Atlanta, GA, 303 //
4. Name of your insurance company? City of Atlanta? Policy # City of What.
5. State what and how incident occurred: The gabbary man or your Trashmenopen up a large gallon of off white patrit a diopped it down on grand, and didn't secure top on home
Home day to a and my can a year of a st han have the the the my market
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INCRESSED TO
FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! Your Representive came but (MR. ) Left took picturs, made comments about parts. ask for me to sent in estimates on paint jobs.  7. The registered owner must make the claim for the sent in estimates on paint jobs.
7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair. See allow
Your vehicle: Toyota 1995 322XFQ Gloria Linsey
(make) (year) (tag#) (driver's name)
City vehicle: <u>Carbbase Truck-Company man</u> <u>Santation</u> (make) (driver's hame) (department)
8. Witness: Foe ANN Hector 1827 W: Howbrook DR. (404) 7527668/ 326493
(name) (address)
9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT
10. THIS CLAIM SHOULD BE MAILED Slove Line (SEAL)
SHOWN ABOVE 2424 CONN a 1/y Dr.
Eastloint (address) 30344 (city) (state) (zip)
(21p)
(407) / lo (a X lo X ) / (1/b) CA A 1170
(home) (phone) (work)  REV 2/84 JWP